COUNTY OF LOS ANGELES –DEPARTMENT OF PUBLIC HEALTH ALCOHOL AND DRUG PROGRAM ADMINISTRATION

Prevention Planning Meeting - October 8, 2009

Service Planning Area 1, 2, & 9		
Regional Work Group Responses		
What are the alcohol and other drug (AOD) problems specifically affecting your community?	 Addictions, domestic violence, AOD arrests, family and children AOD related domestic violence and related at-risk behaviors (unprotected sex, STDs, etc.), underage drinking and youth substance abuse, cannabis dispensaries Meth use - Crystal meth use is increasing in SPAs I and 2 Community uninformed about meth use among youth/young women, ecstasy use in (pockets) of SPA 2 Drinking at house parties/during school AOD problem affects the communities' homeless problem Liquor companies are finding new ways to advertise More people are getting involved in drug sales due to increased economic pressures. Domestic violence and child abuse associated with AOD use and abuse 	
2. How do you know it's a problem?	 Number of participants enrolling in programs. Data from intakes (substance abuse and domestic violence programs), self report from parents, observation (dispensaries) Drug programs, intakes, youth to users know about problem (others not aware) Treatment admission data, alcohol related crime, requests for assistance from local schools Homeless becoming younger and younger and adding to mental and AOD problems Increase in gang violence-drug and alcohol related incidents, new and younger faces at local hang outs Department of Children and Family Services, school and court referrals 	
3. What types of conditions or risk factors in your community contribute to these problems	 Lack of good information from the community Misperception or lack of education regarding domestic violence and substance use, lack of information regarding at risk sexual behaviors, poor parental supervision Rural area, people bored, no info about drug/dangers of drugs Lack of information, number of alcohol outlets, drug availability in schools, alcohol marketing Lack of parent supervision, home alcohol use Over proliferation of liquor outlets, unemployment has increased, lack of resources and activities for youth Easy availability of AOD, alcohol marketing, lack of enough previous resources Community Prevention Recovery Program, ADPA, health fairs to increase awareness in the community Free parenting skills training, community events to raise awareness (e.g. concerts in the park), information dissemination at community organizations 	
4. What types of community actions/programs already exist to prevent/reduce these problems?	 Meth prevention press conference, meth presentations, resource fairs Youth organizations/coalitions Project Outreach target 12-24 runaways There is a gang reduction project that's attempting to identify and secure resources to deal with a multitude of problems Information, dissemination, educational groups focus on the whole family, AOD free recreational activities, collaborative meetings 	

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5. Among the most serious problems, which three problems should be addressed first in consideration of available resources and community activities/programs?	 Domestic violence and alcoholism AOD related domestic violence underage drinking a substance use Cannabis dispensary proliferation Danger of meth use, ingredients, will not be "condemned" if wanted treatment Alcohol availability/marketing and drugs on school campus (It's too cool to be on alcohol and drugs) Intense prevention activities and education targeting youth and young adults Lack of education, employment opportunities and more prevention programs 	
6. What type of evidence-based strategies should be considered for addressing alcohol and other drug problems?	 Six CSAP strategies and community-based intervention process Policy options (advocate) Social/normative controls (advocate) Coalition building/community-based process Environmental strategies Prevention and developing alternatives activities for the youth and young adults Create educational and job opportunities 	
7. What are some key concepts and principles that should be considered for designing a prevention RFP program design	 Open community education prevention program for the families and parents Send proposal/program requirements early and enough time to complete RFP Prevention strategies for the family as a whole Enough funding for case management Must be prevention providers (history of providing prevention services) Build community capacity How can you provide resources to the actual persons that are most affected by drug and alcohol problems? 	
8. What tools may assist your organization with preparing for the RFP process	 Data collection (provide a bank of resources countywide to be used as a knowledge based tool) Develop a countywide tracking system for individuals/families served Local data/proven programs Build a resource pool of grant writers for providers to be successful with the RFP Transition plan/process (What is the plan and timeline?) Technical assistance to be able to present a proposal that works with the current language that the funding source requires 	
PARKING LOT	 Can an organization be awarded multiple contracts? Define the levels of evaluation (e.g. individual vs community) Will it have to go through the IRB process or is there a process? Can there be individualized services (e.g. case management, referral, prevention counseling) Most strategies need to be hybrid to incorporate different elements that need to be foreseen on the problem A pre-submission review panel before you submit your proposal Will prevention and treatment contracts be combined? 	